

BEAVAN AVAIL ARI F COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		10/018267
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
	1	1						
	2	1						
	3	1						
	4	1						
	5	1						
	6	1						
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	48							
49								
50								
TOTAL IND.	2	↓		↓				
TOTAL DEP.	4	↔		↔				
TOTAL CLAIMS	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831